

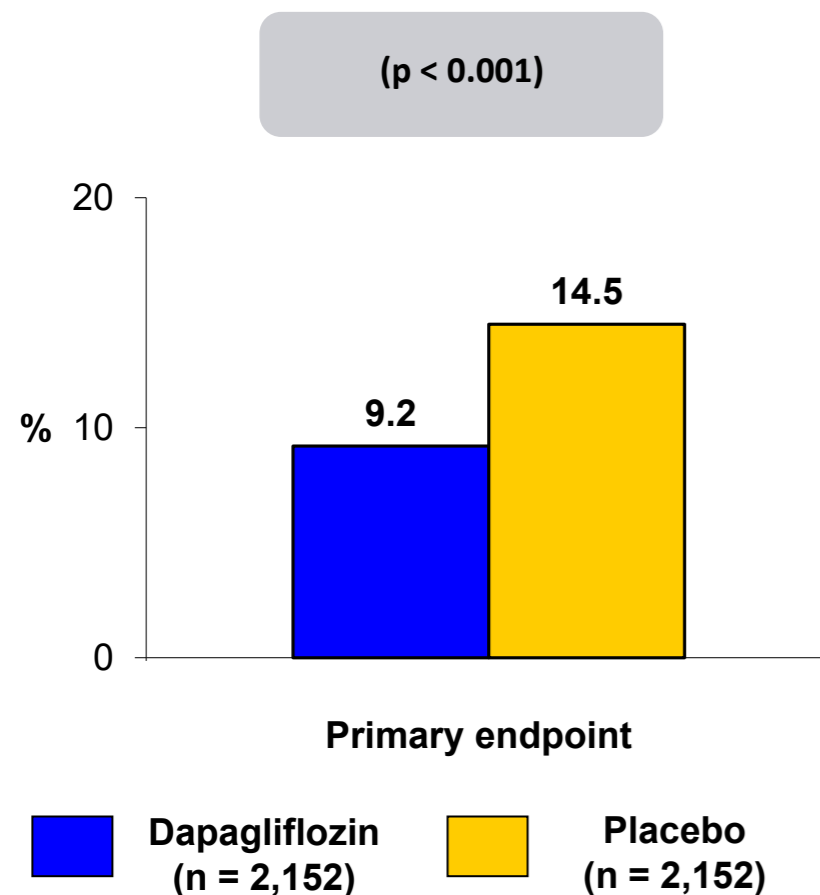
# DAPA-CKD

#ESCCongress



AMERICAN  
COLLEGE of  
CARDIOLOGY

**Trial Description:** Patients with chronic kidney disease (CKD) with and without type 2 diabetes mellitus (DM2) were randomized in a 1:1 fashion to either dapagliflozin 10 mg daily or placebo. Patients were followed for 2.4 years.



## RESULTS

- Primary endpoint, decline in eGFR  $\geq 50\%$ , ESKD, death from renal causes, CV death for dapagliflozin vs. placebo: 9.2% vs. 14.5%; HR 0.61, 95% CI 0.51-0.72 ( $p < 0.001$ ); consistent in patients with and without DM2
- CV death/HF hospitalization: 4.6% vs. 6.4% ( $p = 0.0009$ )
- All-cause mortality: 4.7% vs. 6.8% ( $p = 0.004$ ); CV mortality: 3.0% vs. 3.7%

## CONCLUSIONS

- Dapagliflozin results in salutary effects on renal function among patients with CKD, with or without DM, who are already on maximal tolerated doses of ACEI/ARB; beneficial effects were also noted on CV and all-cause mortality
- Even though SGLT2 inhibitors were introduced as medications for DM2, results of this and other trials indicate a role in CKD management, irrespective of DM2 status

Heerspink HJ, et al. N Engl J Med 2020;383:1436-46